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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": gender mainstreaming, situations and programmatic matters

United States of America: draft resolution

Eliminating maternal mortality and morbidity through the empowerment of women

The Commission on the Status of Women,

Reaffirming its strong commitment to the full implementation of the Beijing Declaration and Platform for Action,[1] the Programme of Action of the International Conference on Population and Development ("Cairo Programme of Action"),[2] adopted in 1994, and the Copenhagen Declaration on Social Development and Programme of Action of the World Summit for Social Development,[3] adopted in 1995, the outcomes of their review conferences and commitments regarding the reduction of maternal, newborn and child mortality and universal access to reproductive health, including those contained in the United Nations Millennium Declaration[4] and the 2005 World Summit Outcome,[5] reaffirming its resolution 54/5 of 12 March 2010 and recalling other relevant United Nations resolutions, in

[1] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.
[2] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.
[3] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II.
[4] See General Assembly resolution 55/2.
[5] See General Assembly resolution 60/1.

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particular Human Rights Council resolutions 11/8 of 17 June 2009,[6] 15/17 of 30 September 2010[7] and 18/2 of 28 September 2011,[8]

Reaffirming also the internationally agreed development goals, including the Millennium Development Goals, in particular Millennium Development Goal 5 on improving maternal health, including the targets to reduce by three quarters between 1990 and 2015 the maternal mortality ratio and to achieve by 2015 universal access to reproductive health, Millennium Development Goal 4 on reducing child mortality, Millennium Development Goal 3 on promoting gender equality and empowerment of women, and Millennium Development Goal 6 on combating HIV/AIDS, malaria and other diseases, and noting with concern that Millennium Development Goal 5 is the least likely of all the Millennium Development Goals to be achieved,

Recalling the Universal Declaration of Human Rights[9] and the obligations of States parties to the International Covenant on Civil and Political Rights,[10] the International Covenant on Economic, Social and Cultural Rights,[10] the Convention on the Elimination of All Forms of Discrimination against Women,[11] the Convention on the Rights of the Child,[12] the Convention on the Rights of Persons with Disabilities,[13] the International Convention on the Elimination of All Forms of Racial Discrimination[14] and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,[15]

Recalling also the outcomes of relevant high-level meetings and conferences, including the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals at its sixty-fifth session, of 22 September 2010,[16] the Political Declaration on HIV and AIDS, of 10 June 2011[17] and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, of 19 September 2011,[18]

Recognizing the need to continue to raise awareness at the national, regional and international levels in order to stimulate greater efforts to reduce unacceptably high rates of maternal mortality and morbidity,

Recognizing also the role of the United Nations system, including its funds, programmes and agencies, in particular the leading roles of the World Health Organization, the United Nations Population Fund, the United Nations Children's Fund, the World Bank and the Joint United Nations Programme on HIV/AIDS, in eliminating preventable maternal mortality and morbidity and the work under the annual World Health Assembly agenda item on monitoring the achievement of the

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[6] See *Official Records of the General Assembly, Sixty-fourth Session, Supplement No. 53* (A/64/53), chap. III, sect. A.

[7] Ibid., *Sixty-fifth Session, Supplement No. 53A* (A/65/53/Add.1), chap. II.

[8] Ibid., *Sixty-sixth Session, Supplement No. 53A* (A/66/53/Add.1 and Corr.1), chap. II.

[9] See General Assembly resolution 217 A (III).

[10] General Assembly resolution 2200 A (XXI), annex.

[11] United Nations, *Treaty Series*, vol. 1249, No. 20378.

[12] United Nations, *Treaty Series*, vol. 1577, No. 27531.

[13] General Assembly resolution 61/106, annex I.

[14] United Nations, *Treaty Series*, vol. 660, No. 9464.

[15] United Nations, *Treaty Series*, vol. 2220, No. 39481.

[16] General Assembly resolution 65/10.

[17] See General Assembly resolution 65/277.

[18] See General Assembly resolution 66/2.

health-related Millennium Development Goals, and welcoming the ongoing efforts of the United Nations Entity for Gender Equality and the Empowerment of Women and other United Nations entities to promote gender equality, empowerment of women, development, human rights and peace through, inter alia, the mainstreaming of a gender equality perspective in United Nations activities,

Welcoming the ongoing partnerships between a variety of stakeholders at the local, national, regional and global levels aimed at addressing the multifaceted determinants of global health and the commitments and initiatives to accelerate progress on the health-related Millennium Development Goals, including those announced at the high-level event on the Millennium Development Goals held at United Nations Headquarters on 25 September 2008, and at the corresponding follow-up high-level event held on 23 September 2009,

Acknowledging the decline of preventable maternal mortality in almost all regions, but noting with great concern the wide disparity among and within countries, with sub-Saharan Africa experiencing well above twice the global average level of maternal mortality, and that maternal mortality is generally highest in rural areas and in poorer and less-educated communities, including in informal urban settlements,

Expressing deep concern that more than 350,000 women and adolescent girls still die every year from largely preventable complications related to pregnancy or childbirth, that adolescent girls face a higher risk of complications and death and that the average annual percentage decline in the global maternal mortality ratio still falls short of the figure of 5.5 per cent required to achieve the first target of Millennium Development Goal 5,

Taking note that, as reported by the World Health Organization,[19] the causes of maternal death include severe bleeding (haemorrhage), infection, high blood pressure in pregnancy (eclampsia), unsafe abortion, obstructed labour and other direct causes, as well as other indirect causes, including malaria, undernutrition, anaemia, chronic non-communicable diseases and HIV/AIDS,

Expressing concern that each year approximately 15 million to 20 million women of childbearing age worldwide, including adolescent girls, suffer from often preventable maternal morbidity, disabilities, injuries and illnesses connected with pregnancy and childbirth, including as a result of early pregnancy, early childbearing and other high-risk conditions, such as uterine prolapse, obstetric fistulas, stress incontinence, hypertension, haemorrhoids, perineal tears, urinary tract infections and severe anaemia, and that, as a result of these conditions, women suffer serious physical, economic, psychological and social consequences that affect their well-being,

Recognizing that the root causes of preventable maternal mortality and morbidity, which can constrain efforts to eliminate them and contribute to their unacceptably high global rates, encompass a wide range of interlinked underlying factors related to development, human rights and health, including, inter alia, poverty, illiteracy, lack of economic opportunities, challenges associated with rapid population growth, poor nutrition, barriers to education, discrimination against

[19] World Health Organization, *The World Health Report 2005: Make Every Mother and Child Count* (Geneva, 2005).

women and girls, harmful traditional practices, such as female genital mutilation/cutting and early and forced marriage, as well as gender-based violence, lack of participation in decision-making, poor health infrastructure, inadequate training for health personnel and inadequate investment in education, nutrition and basic health care,

Recognizing also that most instances of maternal mortality and morbidity are preventable and that preventable maternal mortality and morbidity is a health, development and human rights challenge that also requires the effective promotion and protection of the human rights of women and girls, in particular their rights to life, to be equal in dignity, to education, to be free to seek, receive and impart information, to enjoy the benefits of scientific progress, to freedom from discrimination and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health,

Noting that a human rights-based approach to eliminating preventable maternal mortality and morbidity is underpinned by the principles of, inter alia, accountability, participation, transparency, empowerment, sustainability, non-discrimination and international cooperation,

Expressing concern that more than 215 million women who want to avoid pregnancy or control the spacing of their pregnancies are not using an effective method of contraception, despite increases in use in recent years, and noting that meeting the unmet need for family planning with safe, effective and affordable methods of modern contraception would avert nearly 100,000 maternal deaths each year,

Deeply concerned that early marriage leads to early pregnancy and early childbearing, which presents a much higher risk of complications during pregnancy and delivery leading to maternal mortality and morbidity, increases the risk of disability, stillbirth and maternal death, exposes young married girls to a greater risk of domestic violence, as well as HIV and sexually transmitted infections, and reduces their opportunities to complete their education, gain comprehensive knowledge, participate in the community or develop employable skills, and recognizing with concern that limited access to the highest attainable standard of health, including sexual and reproductive health, causes high levels of obstetric fistula and other maternal morbidities, as well as maternal mortality,

Expressing deep concern that HIV infection significantly increases the risk of maternal mortality and morbidity, so that, in countries with high HIV prevalence, AIDS-related complications are one of the leading causes of maternal mortality, and that nearly half of the pregnant women living with HIV do not have access to critical services, including antiretroviral therapy and, in particular, sexual and reproductive health-care services, including family planning, access to contraception methods and HIV prevention,

Noting with concern that maternal and child health is inextricably linked to the risk of non-communicable diseases and associated risk factors, specifically given that prenatal malnutrition and low birth weight create a predisposition to obesity, high blood pressure, heart disease and diabetes later in life and that conditions such as maternal obesity and gestational diabetes are also associated with an increased risk of contracting non-communicable diseases,

Acknowledging that cervical cancer kills around 250,000 women each year, many of childbearing age, and that the vast majority of the deaths and suffering could be averted with highly effective and low-cost screen and treat approaches and through vaccination against the human papilloma virus,

Acknowledging also that failure to prevent maternal mortality and morbidity is among the most significant barriers to the empowerment of women and girls in all aspects of life, the full enjoyment of their human rights and their ability to reach their full potential,

Recognizing that in armed conflict and post-conflict situations, women's reproductive health is subject to particular risks and that sexual violence and rape often contribute to exceptionally high levels of maternal morbidity and mortality,

Noting that health services are needed to protect and enhance the well-being of both rural and urban populations affected and displaced by crises and conflicts and to reduce and prevent maternal mortality and morbidity, including by providing family planning and caring for those who are victims of violence and other harmful practices, including female genital mutilation/cutting,

Emphasizing the role of education and health literacy in improving health outcomes over a lifetime, and expressing concern about the high dropout rate, especially of girls in secondary education,

Recognizing the need to ensure women's and girls' right to education at all levels, as well as sex education based on full and accurate information in a manner consistent with the evolving capacities of girls and boys, and with appropriate direction and guidance,

Reaffirming its commitment to the equal participation of women and men in public and political life as a key element in women's and men's equal participation in eliminating preventable maternal mortality and morbidity as well as in decision-making when defining policies and strategies in that regard,

Reaffirming also that gender equality, the empowerment of women and the elimination of preventable maternal mortality and morbidity cannot be achieved without promoting and protecting the right of women to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health and reproductive rights, and reaffirming that expanding access to sexual and reproductive health information and health services is essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millennium Development Goals and is crucial for gender equality, the empowerment of women and the full enjoyment by women of all human rights,

Recognizing the need for greater coordination and commitment to improving access to health services for women and children through a primary health-care approach and the provision of proven and well-known evidence-based interventions and to reducing maternal, newborn and child mortality and morbidity, including through a continuum of services, including family planning, prenatal care, skilled birth attendance, emergency obstetric care and post-partum care, including for those living in poverty and in underserved rural areas,

Noting the negative health effects of early pregnancy and early childbearing, acknowledging the direct health benefit of school attendance for young girls, in the light of the link between years of school attendance and delay in childbirth,

including evidence that each additional year of schooling delays the age at which a girl has her first child by approximately six to ten months and that each year of schooling reduces by 14 per cent the likelihood of a girl under 18 having a child, to 23 per cent,

Emphasizing the commitment to provide universal access to reproductive health by 2015 and the need to integrate family-planning, sexual health and health-care services in national strategies and programmes, and to ensure that all women, men and young people have information about, access to and a choice of the widest possible range of family-planning options, including safe, effective, affordable and acceptable modern methods of contraception,

Emphasizing also the importance of strengthening affordable and sustainable health systems that deliver equitable health outcomes, including by improving basic infrastructure and human and technical resources,

Expressing concern about the slow pace of progress in improving maternal, newborn and child health and the inadequate resources for their health, and noting the continuing inequalities among and within Member States, the lack of appreciation of the impact of maternal, newborn and child health on sustainable socio-economic development and the continuing need to address gender inequalities,

Stressing the importance of strengthening health systems to better respond to women's health needs in terms of access, comprehensiveness and quality, and underlining the need to address women's health through comprehensive strategies targeting root causes of gender inequality in health care, including unequal and limited access to health-care services,

Stressing also that with accelerated progress towards Millennium Development Goal 5, it could become possible to envisage, in the not too distant future, a world where preventable maternal mortality has been eliminated,

1. *Calls upon* Member States and the international community to strongly commit at all levels to the elimination of the persistent and unacceptably high global rate of maternal mortality and morbidity;

2. *Urges* government authorities and other leaders at the international, regional, national and local levels to generate the political will, increased resources, commitment, international cooperation and technical assistance urgently required to reduce maternal mortality and morbidity and improve maternal and newborn health;

3. *Calls upon* Member States to fully and effectively implement the Beijing Platform for Action,[20] the Programme of Action of the International Conference on Population and Development ("Cairo Programme of Action")[2] and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and reproductive rights, and the promotion and protection of all human rights in this context, and to maximize their efforts to eliminate preventable maternal mortality and morbidity by strengthening comprehensive health-care services for women and girls, including access to sexual and reproductive health-care services and information as agreed to in the Beijing Platform for Action and the Cairo Programme of Action;

[20] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

4. *Also calls upon* Member States to address gender inequalities, poverty, violations of the full enjoyment of all human rights by women and girls, including during childbirth, discrimination against women and girls, including that caused by negative attitudes and gender stereotypes, and harmful traditional practices, such as female genital mutilation/cutting, that contribute to the unacceptably high and persistent global rate of maternal mortality and morbidity, bearing in mind the impact of multiple forms of discrimination; to guarantee to all women access to the highest attainable standard of health; and to ensure women's full participation in decision-making at the local, national and international levels regarding health care;

5. *Encourages* Member States to develop comprehensive strategies to target gender inequality in health care and put into practice policies to ensure women's equitable access to affordable and adequate health services, including primary health care and basic nutrition;

6. *Urges* Member States to build on effective, multisectoral and integrated approaches and to take action at all levels to address the interlinked root causes of maternal mortality and morbidity, such as poverty, poor nutrition, harmful practices such as early marriage, barriers to education, the lack of accessible and appropriate health-care services, information and education, and gender inequality, and to pay particular attention to eliminating all forms of violence against women and girls and promoting women's and girls' full enjoyment of all human rights;

7. *Calls upon* Member States to ensure the right of women and girls to education of good quality and on an equal basis with men and boys, to ensure that they complete a full course of primary education, and to renew their efforts to improve and expand girls' and women's education at all levels, including at the secondary and higher levels, as well as vocational education and technical training, in order to, inter alia, achieve gender equality, the empowerment of women and poverty eradication;

8. *Emphasizes* the need for age-appropriate, evidence-based and comprehensive sex education in order to help prepare young people to deal positively and responsibly with their sexuality and to navigate issues such as marriage, childbearing, sexually transmitted infections and HIV, and complications of pregnancy and childbirth, in particular the high risk associated with early pregnancy and early childbearing, as well as the need to improve the referral and access of adolescents to quality, comprehensive, integrated, accessible and youth-friendly sexual and reproductive health-care services, including family-planning services;

9. *Acknowledges* the social significance of maternity, motherhood and the role of parents in the family and in the upbringing of children and that the upbringing of children requires the shared responsibility of parents, women and men, and society as a whole;

10. *Stresses with deep concern* that early pregnancy, early childbearing and limited access to quality, comprehensive, integrated and accessible sexual and reproductive health-care services, including in the area of skilled birth attendance, emergency obstetric care and the management of complications arising from abortion, causes high levels of maternal mortality and morbidity, including a high prevalence of obstetric fistula, and furthermore entails complications during

pregnancy and childbirth, which often lead to death, particularly for young women and girls;

11. *Urges* Member States and the international community to strengthen the advocacy, policy and programmatic links between HIV and primary health care, sexual and reproductive health, maternal and child health and overall health systems, including by integrating services and eliminating parallel systems for HIV-related services and information, where feasible;

12. *Welcomes* the commitment to working towards the elimination of mother-to-child transmission of HIV by 2015 and substantially reducing AIDS-related maternal deaths, and urges Member States to ensure that women and girls of childbearing age have access to HIV prevention services and that pregnant women have access to antenatal care, information, HIV counselling and other HIV-related services, and to increase the availability of and access to effective prevention and treatment for women living with HIV and their infants, and in this regard welcomes the contribution of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive;

13. *Urges* Member States and the United Nations system to take steps to implement the recommendations of the World Health Organization for intermittent preventive treatment for all pregnant women at risk of severe malarial infection in high-prevalence malaria areas in sub-Saharan African countries, and strongly encourages Member States to support efforts to increase the use of insecticidal bednets by all family members, including those most vulnerable to malaria, such as pregnant women;

14. *Urges* Member States, with the help of the United Nations system and the international community where needed, to strengthen health systems for women and girls in order to reduce maternal mortality and morbidity, through health financing, training and retention of the health workforce, increasing knowledge and awareness regarding securing appropriate prenatal and post-natal care, procuring and distributing medicines, vaccines, commodities and equipment, and improving infrastructure, information systems, service delivery and political will in leadership and governance, bearing in mind a need for gender mainstreaming;

15. *Calls upon* all stakeholders to consider the relevant findings and recommendations in the thematic study on preventable maternal mortality and morbidity and human rights prepared by the Office of the United Nations High Commissioner for Human Rights,[21] and the subsequent compilation of good and efficient practices that exemplify a human rights-based approach to eliminating preventable maternal mortality and morbidity;

16. *Urges* Member States to strengthen measures, including increased and sustainable financial and human resources, as necessary, to accelerate progress towards the achievement of Millennium Development Goal 5;

17. *Recognizes* the need for intense health and intersectoral efforts with a high level of political commitment, calls upon Member States to accelerate progress in order to achieve Millennium Development Goals 4 and 5 by addressing reproductive, maternal, newborn and child health in a comprehensive manner, inter alia, through the provision of family-planning services, prenatal care, post-natal

[21] A/HRC/14/39.

care, skilled attendants at birth, emergency obstetric and newborn care and methods of preventing and treating sexually transmitted diseases and infections, such as HIV, within strengthened health systems that provide accessible and affordable integrated health-care services and include community-based preventive and clinical care, and urges Member States to use their stewardship and leadership to involve other institutions and sectors in order to strengthen capacity to achieve a greater reduction in preventable maternal mortality in the context of improving the continuum of maternal and child health;

18. *Urges* Member States to engage actively with international organizations and other stakeholders, where needed, in support of national plans to improve nutrition in poor households, including during pregnancy and lactation, and urges Member States, in particular countries with a high burden of maternal and child undernutrition, to consider implementing the Scaling Up Nutrition framework and road map;

19. *Stresses* the critical role of men and boys and the need to share responsibilities between women and men for reducing maternal mortality and morbidity and promoting the health of women and girls, and urges Member States, the United Nations and civil society to include in their development priorities programmes that support the critical role of men in abolishing the practice of early and forced marriage and in supporting women's access to safe conditions for pregnancy and childbirth, contributing to family planning, preventing sexually transmitted infections and HIV, ensuring adequate nutrition for women and girls within their families, including during pregnancy and lactation, and ending violence against women and girls, including harmful practices such as female genital mutilation/cutting and early and forced marriage;

20. *Encourages* Member States, including donor countries, and the international community to increase their efforts to eliminate preventable maternal mortality and morbidity through effective health interventions and health system strengthening, promotion and protection of the full enjoyment of all human rights by women and girls, including in particular the rights to freely consent to marriage, to decide freely and responsibly the number and spacing of their children and to have the information and means to do so, and the empowerment of women and girls, and to give renewed emphasis to maternal mortality and morbidity initiatives in their development partnerships and cooperation arrangements, by honouring existing commitments and considering new commitments in areas such as humanitarian, emergency and crisis situations and by coordinating to strengthen planning and accountability for greatly accelerated progress on reducing maternal mortality and morbidity;

21. *Encourages* Member States and the international community to take measures to protect women and girls, including indigenous and rural women and girls, those living in poverty and those with disabilities, regardless of their immigration status, from gender-based violence and from early and forced marriage, to fully implement their obligations under national and international law with respect to preventing violence and investigating and punishing the perpetrators, to provide victims with access to appropriate quality, comprehensive, integrated and accessible health-care services and counselling and to primary and secondary education, and to scale up humanitarian and legal assistance to victims of rape and

other forms of sexual violence, including when used as a tactic of war, inter alia, to reduce maternal mortality and morbidity;

22. *Calls upon* those Member States that have made commitments to advance the Secretary-General's Global Strategy for Women's and Children's Health,[22] undertaken by a broad coalition of partners in support of national plans and strategies, to implement their commitments to significantly reduce the number of maternal, newborn and under-age-five deaths, as a matter of immediate concern, including, as appropriate, by scaling up a priority package of high-impact interventions and integrating efforts in such areas as health, education, gender equality, water and sanitation, poverty reduction and nutrition, and encourages those States that have not yet done so to consider making such commitments;

23. *Encourages* Member States to consider implementing the recommendations of the Commission on Information and Accountability for Women's and Children's Health to strengthen information on reproductive, maternal and child health, to track resources for women's and children's health and to strengthen oversight and transparency;

24. *Urges* Member States to elaborate and implement comprehensive gender-sensitive poverty eradication strategies that address social, structural and macroeconomic issues in order to eliminate preventable maternal mortality and morbidity;

25. *Notes with concern* the high rate of maternal mortality in armed conflict, in post-conflict countries and in natural disaster situations, where girls and women are at particular risk of gender-based violence, particularly rape and other forms of sexual abuse, which places them at risk of serious infections, such as HIV/AIDS, and of pregnancy that may result in miscarriage and other health problems which, in the absence of health care, can be life-threatening;

26. *Encourages* Member States, in particular those with persistently high rates of maternal mortality and morbidity, to maximize the efficient use of existing resources for maternal health, to meet commitments, such as those included in the Abuja Declaration, to reduce poverty, increase budgetary allocations towards sexual and reproductive health, education and development programmes that would eliminate preventable maternal mortality and morbidity, including the prevention and treatment of haemorrhage, obstructed labour, obstetric fistula, infection and reproductive cancer, improve the management of complications arising from abortions and promote the health, including sexual and reproductive health, of women and girls;

27. *Urges* Member States, the international community, civil society, including women's and youth organizations, the private sector and other relevant actors to strengthen partnerships and international cooperation to eliminate preventable maternal mortality and morbidity;

28. *Encourages* Member States to strengthen the collection of data disaggregated by sex, age, disability, socio-economic status, geographic location and other factors that contribute to maternal mortality and morbidity, and data on other categories needed for monitoring in a timely fashion progress towards the achievement of Millennium Development Goal 5, as well as to provide appropriate

[22] Available from www.everywomaneverychild.org.

avenues for feedback from women who received health services, and to share such data with the United Nations system for better monitoring of progress towards the achievement of Goal 5 and its targets;

29. *Urges* Member States, in cooperation with the international community and civil society, to improve systems to register pregnancies, births and deaths and to support improved public health infrastructure for the collection, analysis and dissemination of data on the burden of maternal morbidity and mortality and its causes at the national and subnational level, including through the use of mobile technologies, where appropriate;

30. *Notes with appreciation* the work done by the United Nations on Millennium Development Goal indicators, in particular those for Millennium Development Goal 5, and in this regard requests the Secretary-General to continue to expand the knowledge base, including the United Nations website, on the progress made towards the achievement of the Goals;

31. *Requests* the Secretary-General to provide a report to the Commission on the Status of Women at its fifty-eighth session, in consultation with Member States, international organizations and all other relevant stakeholders, taking into account relevant United Nations resolutions, on actions to strengthen linkages among programmes, initiatives and activities throughout the United Nations system for gender equality, the empowerment of women and girls, protection of all of their human rights and elimination of preventable maternal mortality and morbidity.